
The patient's need to control his pain

A.A. Smyser

Who is the best judge of a patient's pain? It now is standard dogma among pain relief specialists that this person is the patient himself or herself.

The patient should describe when, how and where it hurts – then expect relief in just about all cases. If it doesn't come, the trouble most likely is with the provider, not the patient. A change of provider may be in order.

This applies to all cases, not just terminal cases, says a policy directive of the American Cancer Society, pushed through by Dr. Reginald Ho of Honolulu when he was national president.

Last year Governor Cayetano's Blue Ribbon Panel on Living and Dying with Dignity reported that pain control continues to be lousy for many Hawaii sufferers, partly due to their failure to demand it, partly due to their doctors' failure to provide it.

Some physicians are inhibited by fear of overdosing, which any competent doctor can learn to avoid. Others are just plain ignorant about what can be done.

Some fear addiction in terminal patients – as if that mattered.

Skies are brightening for patients.

The most influential national organization shaping health care policy is the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). All major Hawaii hospitals bear its seal of approval.

This year it adopted broadened standards that say pain control is the right of all patients, not just terminal patients.

It describes measures to tell if a health-care organization is complying. Noncompliance will affect future accreditations.

Ken Zeri of Hospice Hawaii formerly was associated with JCAHO. He expects its new rules – to which he contributed – to be very positive in their impact.

So does Pat Kalua, chairman of the Hawaii Cancer Pain Initiative and patient/family care coordinator for the St. Francis system.

Patients and their supporters should speak up if they feel pain

control is inadequate, even change physicians or providers.

The new JCAHO rules say patients should be taught that pain management is an essential part of their treatment.

Catholic doctrine long has held pain management that hastens death is acceptable so long as there is no underlying intent to cause death.

Early articles in this series have focused primarily on policy improvements in care for the terminally ill. One is a new model law that facilitates surrogates in acting for the best interest of patients unable to speak for themselves.

Another is a pending new law that should help expand hospice care.

Pain control is for everyone, whether terminally ill or not. In all areas we will be more assured of getting the better care enshrined in new laws and regulations if we are aware of our options and demand the best from our health-care providers.

Don't be shy.

A.A. Smyser is the contributing editor and former editor of the *Star-Bulletin*.

Editor's Note:

This column, "The Patients Need to Control Pain" is the last in a series by A. A. "Bud" Smyser appearing June 10, 1999 in the Honolulu Star-Bulletin and reprinted here with permission. The other articles are "Health Care in Final Days" (June 1, 1999), "Improving the Law on Living Wills" (June 3, 1999) and "Legislature Acted to Help Hospice Care" (June 8, 1999). For all of his medical writings over the years, I propose that Bud Smyser be presented with an Honorary M.D. L. (Medical Doctor of Letters) degree by the University of Hawaii and lauded by the Hawaii Medical Association for 53 years of service to the community.

Norman Goldstein MD, Editor

